

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003435

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

557

STATE FILE NUMBER

LED JAN 25 1963

1. PLACE OF DEATH
a. COUNTY2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b

c. CITY OR TOWN St. Louis Inside Limits Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4909 Lindenwood Inside Limits Yes ☒ No ☐d. STREET ADDRESS (If outside, give location) 5916 Leona Reside on Farm Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Middle Last William J. Feistel

4. DATE OF DEATH Month Day Year Jan. 17, 1963

5. SEX Male

6. COLOR OR RACE. White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 9/2/86

9. AGE (last birthday) 76

10. IF UNDER 1 YEAR Months Days 11. IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Custodian

10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch

11. BIRTHPLACE (City and state or country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME

Frank Feistel

13b. MOTHER'S MAIDEN NAME

Ida Klapper

14. NAME OF HUSBAND OR WIFE

Addie Feistel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no

16. SOCIAL SECURITY NO.

97

17. INFORMANT

Address

Emil Feistel - 3427 So. Compton

18. CAUSE OF DEATH (Enter only one cause per. PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

Suddenly

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterio Sclerotic Heart Dis.

DUE TO (c)

with Chr. Congestive Failure

1 mo

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

4200

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Death occurred at 3:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

1946

Jan 17 1963

Jan 17 1963

22a. SIGNATURE

(Type or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Removal

Jan. 21, 1963

St. Paul's Churchyard

St. Louis County,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

WACKER-HELDERLE-3634 Gravois Ave.

JAN 18 1963

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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91

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James M. Billo

Licensed Embalmer No.

4375

P. O. Address

St. Louis 16 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.